

BEST AVAILABLE COPY

CLAIMS ONLY							Application Number <i>10610-4163</i>	Filing Date		
							Applicant(s)			
* May be used for additional claims or amendments										
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT					
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1	1						51			
2		1					52			
3							53			
4	1						54			
5		1					55			
6	1						56			
7		1					57			
8	1						58			
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45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
Total Indep							Total Indep			
Total Depend							Total Depend			
Total Claims							Total Claims			